

ITQ EXHIBIT F - REQUIRED SIGNATURE PAGE (submit two signed originals in your response)

I / we as undersigned agree to the terms and conditions of the aforementioned ITQ #BD80200S102 and if our response is accepted, to furnish any and all services upon which cost data has been submitted. Any material misstatement in our response shall be treated as fraudulent concealment from the STATE of the facts relating to this ITQ.

Name of Entity / Person Submitting Proposal: RSM McGladrey, Inc./ Gordon Opland

Mailing address: 400 Locust St, Suite 640
Des Moines, IA 50226

Phone: 515.281.9254 Fax: 515.471.5350 Email: Gordon.opland@rsmi.com

☐ If Individual: SIGNATURE: _____ Date: _____
Social Security Number: _____

☐ If Partnership: Names -type written: _____ / _____
Social Security Numbers: _____ / _____

SIGNATURES of PARTNERS: _____ Date: _____
_____ Date: _____

☒ If Corporation: Corp ID# 41-1944416 State: Iowa
SIGNATURE: _____ Date: _____

Name and Title -type written: Gordon Opland / Managing Director

I / we consent to service of process by certified or register mail addressed to our designated agent as required by Part 5-13-i of the Terms and Conditions of the ITQ. I / we appoint

_____ at _____ as our agent to receive service of process.

WITNESS SIGNATURE: _____ Title: _____ Date: _____

The STATE of Iowa, acting through the undersigned officer(s), hereby accepts the foregoing response to the ITQ and pre-approves the SP named for agency requests for proposals using this agreement. This acceptance and the SP's response for the above referenced ITQ and related POs, including the terms and conditions of the ITQ constitute a binding contract between the STATE and the SP.

CT _____ Vendor ID# _____ CONDITIONAL TSB

Evaluation Committee Chairperson _____ Date: _____

DGS Purchasing Div. Administrator: _____ Date: _____

Purchasing Agent / Issuing Officer : _____ Date : _____